2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003468

FILED Jan 13, 2004 Secretary of State

Entity Name: DADE ASSOCIATION OF VOCATIONAL, ADULT, CAREER AND COMMUNITY EDUCATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1450 N.E. 2ND AVENUE **ROOM 826** MIAMI, FL 33132

Current Mailing Address: New Mailing Address:

1450 N.E. 2ND AVENUE 1450 N.E. 2ND AVENUE **ROOM 826 ROOM 830** MIAMI, FL 33132 MIAMI, FL 33132

FEI Number: 65-0692185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CUMMINGS, TOM CUMMINGS, TOM 1450 N.E. 2ND AVENUE 1450 N.E. 2ND AVENUE **ROOM 826** ROOM 830 MIAMI, FL 33132 MIAMI, FL 33132

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 01/13/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PPD () Delete (X) Change () Addition CERVANTES, MARIA DEARMAN, DONNA K Name: Name: Address: 750 NW 20 STREET Address: 751 DOVE AVE

City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33166

Title: PD () Delete Title: (X) Change () Addition Name: DEARMAN, DONNA K Name: SUROS, EDNA L Address: 751 DOVE AVE Address: 18180 SW 122 AVE

City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33177

Title: () Delete Title: (X) Change () Addition CUMMIINGS, TOM CUMMIINGS, TOM Name: Name:

1450 NE 2 AVENUE, ROOM 826 1450 NE 2 AVENUE, ROOM 830 City-St-Zip: MIAMI, FL 33132 City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

SIGNATURE: TOM CUMMINGS DT 01/13/2004